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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

"EXPRESS MAIL" MAILING LABEL
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DATE OF DEPOSIT August 1, 2000
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS
BEING DEPOSITED WITH THE UNITED STATES
POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO
ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE
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WASHINGTON, D.C. 20231

Kimberly A. Lawrence
(TYPED OR PRINTED NAME OF PERSON MAILING
PAPER OR FEE)
Kimberly A. Lawrence
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Docket No.: 5156-01

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of:

Inventor(s): Aysha Saeed & Azam Saeed

For: METHOD AND SYSTEM FOR PROVIDING AGENT-NEUTRAL
ADMINISTRATIVE SERVICES TO A MEDICAL SERVICE PROVIDER

Enclosed are:

1. The papers required for filing date under 37 C.F.R. 1.53(b):

31 Pages of specification 6 Pages of claims
1 Pages of abstract 12 Sheets of drawings
_____ formal X informal

In addition to the above pages there is also attached:

_____ pages of an amendment _____

2. Declaration or Oath

X Enclosed

X Original executed by:

X Inventor(s).

_____ Legal representative of inventor(s) 37 C.F.R. 1.42 or 1.43.

_____ Joint inventor or person showing a proprietary interest on behalf of
inventor who refused to sign or cannot be reached.

_____ this is the petition required by 37 C.F.R. 1.47 and the statement
required by 37 C.F.R. 1.47 is also attached.

Not Enclosed

_____ Application is made by a person authorized under 37 C.F.R.
1.41(c) on behalf of all the above named inventor(s). The declaration or
oath, along with the surcharge required by 37 C.F.R. 1.16(e) can be filed
subsequently.

_____ Showing that the filing is authorized. Not required unless called into
question. 37 C.F.R. 1.41(d).

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3. Language

English
 Non-English
 A verified English translation of the specification and claims
 declaration is attached.

4. Assignment

An assignment of the invention to _____ A
duplicate copy of this letter is enclosed.

5. Certified Copy

A certified copy of application(s):
Application No(s): _____
Filed on: _____ Country: _____
from which priority is claimed. A certified copy of application(s)
 enclosed to follow.

6. Information Disclosure Statement

enclosed
 not enclosed

7. Fee Calculation

	Small Entity	Large Entity
	\$ 345.00	\$ 690.00

Basic Fee

Total Claims: 15 - 20 = 0 345.00
(Small \$9.00; Large \$18.00)

Independent Claims: 6 - 3 = 3 117.00
(Small \$39.00; Large \$78.00)

Multiple Dependent claims: = 0
(Small \$130.00; Large \$260.00)

Total \$ 462.00 \$ _____

Amendment canceling extra claims enclosed.
 Amendment deleting multiple dependencies enclosed.
 Fee for extra claims is not being paid at this time.

8. Small Entity Statement

Verified statement that this is a filing by a small entity under 37 C.F.R. 1.9
and 1.27 is attached.

9. Fee payment being made at this time

 Not Enclosed No filing fee is to be paid at this time. (This and the surcharge required by 37 C.F.R. 116(e) can be paid subsequently.) Enclosed

<input checked="" type="checkbox"/> basic filing fee	\$ <u>462.00</u>
<input type="checkbox"/> recording assignment. (37 C.F.R. 1.21(h)(l))	\$ _____
<input type="checkbox"/> petition fee for filing by other than all the inventors or person on behalf of the inventor where inventor refused to sign or cannot be reached. (\$130.00; 37 C.F.R. 1.47 and 1.17(h).)	\$ _____
<input type="checkbox"/> for processing an application with a specification in a non-English language. (\$130.00; 37 C.F.R. 1.52(d) and 1.17(k).)	\$ _____
<input type="checkbox"/> processing and retention fee (\$130.00; 37 C.F.R. 1.53(d) and 1.21(l).)	\$ _____

Total Fees Enclosed \$ 462.00

10. Method of payment fees

 check in the amount of \$ 462.00. Charge Account No. 13-0235 in the amount of \$ _____. A duplicate of this transmittal letter is attached.

11. Authorization to Charge Additional Fees

 The Commissioner is hereby authorized to charge the following additional fees which may be required to Account No. 13-0235. 37 C.F.R. 1.16 (filing fees) 37 C.F.R. 1.16 (presentation of extra claims) 37 C.F.R. 1.17 (application processing fees)

12. Instruction as to Overpayment

 credit Account No. 13-0235 refund

Respectfully submitted,



Michael T. Clorite

Registration No. 44,620

Date August 1, 2000
/kal

Applicant or Patentee: Aysha Saeed, et al. Docket No.: 5156-01
 Serial or Patent No: Not Yet Received Filed or Issued: Herewith
 For: METHOD AND SYSTEM FOR PROVIDING AGENT-NEUTRAL
ADMINISTRATIVE SERVICES TO A MEDICAL SERVICE PROVIDER

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 07/31/00
 JCT 91 U.S. PRO

**VERIFIED STATEMENT (DECLARATION CLAIMING SMALL ENTITY STATUS
 (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled METHOD AND SYSTEM FOR PROVIDING AGENT-NEUTRAL
ADMINISTRATIVE SERVICES TO A MEDICAL SERVICE PROVIDER described in

the specification filed herewith
 application Serial No. _____ filed _____
 Patent No. _____ issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such persons, concern, or organization
 persons, concerns or organizations listed below*

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME Aysha Saeed, MD
 ADDRESS 19 Littlebrook Crossing, Farmington, CT 06032

FULL NAME Azam Saeed, MD
 ADDRESS 19 Littlebrook Crossing, Farmington, CT 06032

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT
 ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Aysha Saeed
 NAME OF INVENTOR

Aysha Saeed

Signature of Inventor

Azam Saeed
 NAME OF INVENTOR

Azam Saeed

Signature of Inventor